THE DOCTORS WEEKLY

AN INDEPENDENT PROGRESSIVE JOURNAL FOR THE ENTIRE MEDICAL PROFESSION

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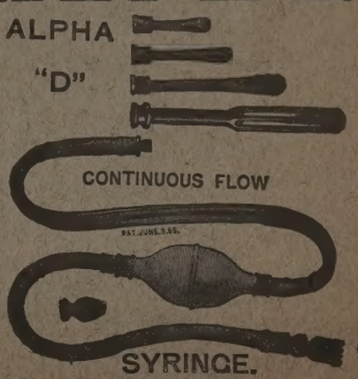

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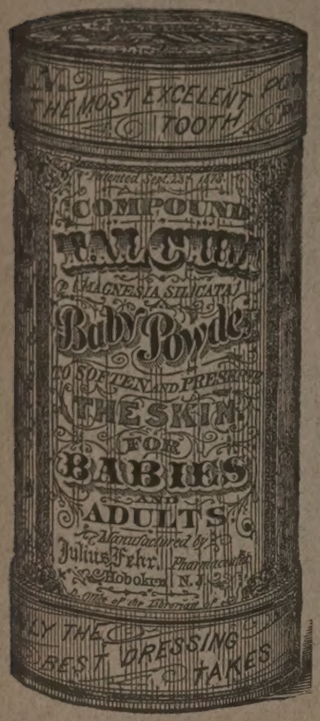

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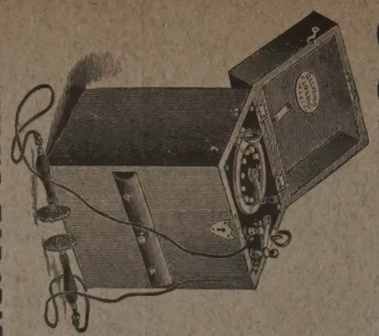

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INTESTINAL DISORDERS.

Dr. Frank Woodbury, professor of clinical medicine in the Medico-Chirurgical College of Philadelphia, contributes an interesting article to the New York *Medical Journal* on "the digestive ferment of the carica papaya in gastro-intestinal disorders." Dr. Woodbury says that the action of papoid as a digestive agent has been thoroughly established. It acts upon albuminoids, converting them ultimately into peptones. It converts starch with great promptness, the ultimate product being maltose. It emulsifies fats. It has a direct tonic action upon the stomach, stimulating the secretion of the gastric juice. It is distinctly antiseptic in its action, preventing abnormal fermentative processes in the stomach and intestines. It acts at all temperatures, and in either an acid, alkaline or neutral solution. It is freely soluble and is most active when in concentrated form. It has no action on living tissues and is positively innocuous when swallowed in any quantity likely to be administered. Dr. Woodbury placed portions of bread, meat, potatoes, peas, mince-pie, "and other substantials," in a large test-tube and added some papoid and bicarbonate of sodium, with a small amount of water. "The meat rapidly softened, and the other ingredients gradually disintegrated, forming a pultaceous mass." The article concludes with a list of disorders of the digestive organs in which papoid is indicated. A full-page colored lithograph illustrates the test-tube experiment.—*Nat'l Med, Review.*

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ELECTROLYSIS IN THE TREATMENT FOR THE DESTRUCTION OF SUPERFLUOUS HAIR.*

BY DR. I. N. BLOOM, LOUISVILLE, KY.

I had the honor of reading a paper on this subject before the State Medical Society, in 1887. My object in addressing you this evening is to give you the deductions drawn from five more years of constant experience in the treatment of hypertrichosis. A more extensive contact with women whose faces were marred by this deformity has shown me its importance, and its effect, mentally and physically, upon many of those affected.

In the paper already referred to I cited case of a Swiss girl who had committed suicide despairing of any other relief from her trouble. Some two years ago another similar case came under my observation, and this with the melancholia and mental effect often noted in such cases, gives the affection greater importance than is usually attached to it.

In the five years which have elapsed since I addressed the Society, electrolysis has been given its proper place in the proper treatment of these cases, as the sole means by which the affection can be permanently removed. The principal objections to it are, first, the scarring which results in a certain percentage of cases; second, the pain attending the operation, and, third, the time required for the removal of a large number of hairs.

As regards the first, while slight scarring may occur with a certain frequency, which cannot be foretold, in the worst examples where the operation is properly conducted, the cicatrices are so slight as to be infinitely preferable to the original deformity.

A thorough knowledge of the operation, and its technique, and good judgment in its use in special cases, must govern; otherwise the operation is unsuccessful because of want of skill in the operator, or, where the current is too strong, scarring results.

Pain in the operation is always present; but with a greater knowledge and accurate measurement of the current, it has ceased to be a factor, and I have yet to see a patient who has been deterred from coming the second or third time, because of the pain produced by the first visit. It is best to prepare the patient for the pain she is to suffer. (My patients have been, with one or two exceptions, females). There is, of course, no practical method of local anæsthesia which will obviate the pain.

With a suitable light, which must be the very best, the patient must be seated in an easy chair with head-rest, the battery properly prepared, as I shall describe later on and the negative pole is grasped by the patient after the needle connected with the positive-pole has been inserted into the hair-follicle. After a short interval of which more will be said hereafter, the circuit is broken by releasing the negative pole, the needle is removed and the life of the hair is destroyed. This, in brief, is the operation.

I wish to speak in detail this evening of its technique. The kind and number of cells of a galvanic battery is immaterial, provided a current sufficiently strong, *i.e.*, up to three milliamperes, can be obtained. Different operators prefer different batteries. I have used two kinds, and note no difference in the effect. In order to do good work, a galvanometer is not only much more important, but is absolutely essential. With it and a rheostat, all the other trivialities can be disregarded. I use a twenty-cell battery of a standard make. In the circuit I place the rheostat and galvanometer, the latter measuring milliamperes. I use all the cells in order that one shall not be used up more than another, and regulate the intensity through the galvanometer by means of the rheostat. In general, I aim to use the least number of milliamperes which in ten to twenty seconds I have found by experience suffices to permanently destroy the hair. This, I find, varies on different parts of the body, and not always with the coarseness of the hair. On the chin from one and one-half milliamperes for an average of fifteen seconds, is my rule. On the neck a little stronger, or the same number for a longer time. Scarring is most frequent on the upper lip, and, I believe, is often due to carelessness or ignorance of the operator. Here one-

*Read before Jefferson County Medical Society, July 20, 1892

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half to one milliampere for ten seconds always suffices. The same measure holds good for hairs on the cheek.

I never like to operate with a stiff needle. I use a platino-iridium needle; although I imagine my flexible metallic needle might do as well. It is often necessary to bend the needle in order to get at the hairs which would be inaccessible to one perfectly straight; as, for instance, such as are situated low down on the neck. A steel broach is much more difficult to handle. The point should not be too sharp, as the "catheterization" of the follicle is rendered more difficult thereby.

The success of the operation is best told by grasping the hair with a pincette. When the papilla has been reached with a sufficiently powerful current, no traction is necessary; the hair comes away at a slight touch. It is best not to let them fall out, as it is often necessary to insert the needle a second time for hairs unsuccessfully operated upon, and this can only be determined by the resistance to traction at time of operation.

I regard a sitting of an hour's duration as the utmost limit:—Indeed, after several years' work, I have come to the conclusion that a half hour is all that should be attemped by one who has to do the operation frequently. The strain on the eyes and on the nervous system is very great, and the work after a half hour is rarely as good as it should be. In an hour's time, I can ordinarily remove from sixty to eighty hairs, and of these, on an average but three to five unsuccessfully. Where a hair is operated upon a second time, there is no pain felt, as the first operation causes temporary anæsthesia for some distance around.

A very essential caution is that of not operating upon hairs too close together. Small vesicles are sometimes formed where two are operated on too close together, and the tissue between is destroyed by the electrolytic action, and scarring takes place. Wheals occur most often on the neck, and on the cheeks, but disappear in a few hours; rarely does one see more than minute punctures the day after the operation. A skillful operator draws no blood at all, as bleeding never occurs when the follicle only is entered. It is well to allow as long a time as possible to elapse between two operations, if the hairs are close together;—a week if circumstances will permit, otherwise four days, at least.

Except in trichiasis it is not advisable to operate on non-pigmented hairs; the point of exit from the skin cannot be determined accurately, and, besides, very often an appearance of baldness is left, which to say the least is not desirable. In non-pigmented hairs the per cent. of success is much lower because the papilla is missed so often.

It is well to have an assistant to keep time, and generally a friend of the patient will serve in that capacity. It is rather difficult to watch at the same time the galvanometer and the time-piece after the needle has been inserted.

The principal drawback is the danger of scarring, and patients who have been operated upon by inexperienced operators, hesitate to undergo a risk a second time. No battery is reliable without a galvanometer. The resistance to the current offered by different patients varies, as, indeed, it does in different places on the same patient. The batteries, too, vary, not only from day to day, in strength of current, but from hour to hour. One patient grasps the electrode more strongly than does another. It takes but a few minutes to regulate the resistance by means of the rheostat, and once having registered the desired number of millamperes, there is but little necessity for changing the rheostat in any sitting to maintain the required number.

In those patients who have practised depillation, it is more difficult to insert the needle so as to reach the bottom of the follicle; the direction of the hair seems to be changed by frequently pulling it out. The use of depilatory powders has a similar effect.

Where a mole has growing in it a number of hairs, the removal of the hairs by electrolysis causes a disappearance of the mole, and usually without leaving a scar behind it. This is especially the case where the hairs cover the whole surface of the mole, and tolerably evenly distributed. It must not be forgotten, however, that wherever the hairs exist very compactly and they are all operated on at one sitting, a scar is bound to occur from the electrolytic destruction. Where a mole is non-hairy and elevated, and of some size, I transfix it in two directions, or more, if necessary, putting on a current of three millamperes, and keeping the needle inserted for about a minute. In such cases the resulting scar is smooth, slight, and limited to the site of the mole; it does not involve the normal tissue as is apt to be the case with acids. I have taken off pedunculated fibroids from the face in the same manner. I have never yet had even a slight hæmorrhage.

I will not speak here of the use of electrolysis in the destruction of telangiestatic vessels, nor of its value in various forms of acne. In small growths of all kinds on the face, I prefer it to the knife and caustics, for reasons already mentioned. The operation is one which requires a certain amount of manual dexterity, together with a large amount of patience. I have removed as many as six thousand hairs from the face and neck of one lady; it is by no means uncommon to find a thousand pigmented hairs.

When the hairs have been allowed to grow long, by their growth they hide the entrance to the follicle, when they exist in large numbers. In such cases I cut them off to about one-quarter of an inch from the skin. It is best if the hairs have been plucked out, to allow them to grow at least one-tenth of an inch long before operating.

If all the hairs operated upon have been in a circumscribed place, there may be a sufficient amount of swelling to be temporarily disfiguring. This occurs most often on the lip. I advise my patients in such cases to bathe the face in water as hot as it can be born for a few minutes at a time, afterward applying Lassar's paste, or benzoated zinc ointment.

THE SHURLY-GIBBES TREATMENT OF TUBERCULOSIS.*

BY E. FLETCHER INGALS, A. M., M. D.,
CHICAGO, ILLINOIS.

The iodine, and gold and sodium bichloride treatment of tuberculosis, more commonly known as the Shurly-Gibbes treatment, originated with Drs. E. L. Shurly, of Detroit, and Heneage Gibbes, of Ann Arbor, in the fall of 1890, and was the outcome of numerous experiments which they had made on animals.

Owing to the furor created by the announcement that Koch had discovered a remedy for tuberculosis, some enterprising newspaper men who had heard of Dr. Shurly's experiments, succeeded in obtaining from the report of the medical society of Detroit and from the Harper hospital, certain facts with reference to his researches; these facts when amplified and illuminated by the brilliant imagination of the reporters, made many columns in the daily press, which were sent out to all parts of the country. The craze over Koch's tuberculin kept alive the interest in Shurly's treatment and caused numerous physicians in various parts of the country to give it a trial.

In the early part of January, 1891, I visited Detroit to investigate Dr. Shurly's methods, and was so favorably impressed by the result of his experiments upon animals and the apparent improvement of a number of patients who had been treated upon the same principle, that I returned home and at once began the use of these remedies with nearly all of my phthisical patients. Since that time I have treated in private practice over two hundred cases of pulmonary phthisis, many of whom have received this treatment. Not wishing to subject these patients to the chance of experiment, I carried out the treatment thoroughly, but only as an adjunct to other measures, which seemed to me suitable. Indeed, during all my subsequent use of this form of medication it has been so associated, and therefore the results of treatment cannot be ascribed wholly to the iodine, or gold and sodium bichloride; however, the outcome of these cases has appeared so much more favorable than those treated by other methods alone that they seem to me worthy of record, and sufficient to give a fair basis for estimating the true value of this method.

In the beginning I recommended the treatment for nearly all patients, but after a short time I became convinced that it was of no great value in advanced cases, and ceased to employ it excepting in cases which had not progressed beyond the second stage of the disease. As a rule I have not since recommended it in cases where the disease had extended beyond the upper lobe of one lung, even though cavities had not yet formed. A considerable number of these patients I have seen but a few times, some not more than once, and in many instances only a few hypodermic injections have been employed; therefore only comparatively few of the two hundred cases can properly be considered in studying the effects of the treatment.

As nearly all patients suffering from phthisis consider themselves better and often appear better for the first two or three weeks under any new treatment, or that recommended by any new physician, I have excluded from my list for analysis, all cases except those in whom the treatment was continuously employed for more than five weeks. Of these I find very complete records of forty-two, an analysis of which will, I believe, enable us to form a fair estimate of the influence of the treatment

*Abstract of a paper read before the AMERICAN CLIMATOLOGICAL ASSOCIATION, at Richfield Springs, New York, June, 1892.

upon the progress of tuberculosis. Although the effect of other remedies cannot be excluded, I feel safe in the assertion that many of these patients have done much better than former experience would have led me to expect; and I believe these results are largely due to the tonic and alterative effects of the iodine, and gold and sodium bichloride. I am confident that none have been injured by the remedies.

In the list I have presented all cases of pulmonary phthisis that I have treated in this manner for a period of five weeks or more without regard to the origin, stage, course, or result of the disease. Of the forty-two cases I shall report, many received no benefit; several were apparently benefitted for a short time in a way that could hardly be accounted for by mental impressions; quite a large percentage were much improved for several months, and in eighteen per cent. the disease appears to have been arrested. I have classified as arrested all those cases in which the progress of the disease in the lungs has been checked for several months, in which the general health continues good, and the cough and other symptoms have nearly or quite disappeared. I think it probable in all such instances careful physical examination would still reveal evidences of consolidation, though to much less extent than when the treatment was commenced.

In some of the list of cases the diagnosis has been based upon the symptoms and physical signs only, there having been no microscopic examination of the sputum, and a few have been diagnosticated as tubercular, even though microscopic examination failed to detect tubercle bacilli. In some of the cases, classified as arrested, the bacilli may still be found when purulent sputum can be obtained; in others it has been impossible to obtain sufficient sputum for examination, and in still others the bacilli cannot be found. The treatment has not appeared to me to destroy or change the appearance of these germs. I have not classed any cases as cured, believing that in a disease like pulmonary tuberculosis, no patient can properly be counted cured, who has not been free from all symptoms and signs of the disease for at least two years.

An analysis of these forty-two cases shows that fourteen or one-third received no apparent benefit, but it also shows that twelve of these were far advanced when they first came under my care. Fourteen others were apparently decidedly improved for some time, but ultimately they grew worse, and six of them have since died. Of the fourteen cases that were not improved, I believe that all are dead. Six of the forty-two cases are noted as much improved; all of them have been under observation for many months, and I believe that they are, with one exception, all doing well at present. Four of these when first seen were in the early stages of the disease having been ill but a few months, and some of them will probably recover. Of the forty-two cases eight are noted as arrested. All of them are at present in good health, though in those where the sputum has been examined recently, of which there are four, the bacilli continue, and in all these four and possibly in others there is still expectoration of a small amount of muco-purulent sputum every day, amounting possibly to half a drachm.

It will be seen that whatever the results of the treatment, it does not destroy the tubercle bacilli, a fact which was established early by Dr. Shurly himself. During the last few months I have discontinued the use of chlorine as an inhalation, substituting it in most instances by inhalations of iodine, which has seemed to me more beneficial.

It will be seen by the analysis that in a little more than nineteen per cent. the disease has been arrested. In about fourteen per cent. the patients have been greatly improved, and in thirty-three per cent. they were apparently benefited for some time, though they ultimately failed. It will be noticed also that nearly all of the patients who were not benefited, were already far advanced in the disease, when first given the treatment, and that the majority of those who have been treated in the inception of the disease have been greatly improved or have recovered. But it will also be observed that the treatment is not entirely valueless in some advanced cases.

Considering these facts, I think I am justified in believing that we have in the Shurly-Gibbes treatment for tuberculosis a method of great value in incipient cases, which adds much to their chances of recovery. I do not think we should rely upon it alone in any case, but personally I would feel that I had not done my patient justice if I had not given him the benefit of its trial, providing the disease of the lung had not extended below the third rib, when he first came under my observation. While the treatment may occasionally prove beneficial in advanced cases, I would not recommend it to such patients, excepting where they desired to try it after the chances had been fully explained. In only one of the cases reported was a history of previous syphilis obtained, and this case was so clearly tubercular, that I did not hesitate to place it in this list; but it is at once apparent that where doubt as to the tubercular or specific origin of pulmonary disease existed, this would be an appropriate treatment for trial.

PUBLISH YOUR OWN EXPERIENCE.

In looking over the pages of the large American medical journals one is impressed with the fact that the articles in them are written by a few men; the great mass of practitioners being conspicuous only by their silence. The natural conclusion would be that the experience and thought of the great body of practitioners is not of any value to their fellows; or else that they are stored up in the mind of the owner in such a confused mass that they could not be easily written out in orderly statement. Yet we know that many of these silent brethren are men of good education, keen insight, well-balanced judgment, and excellent therapeutic skill; men who in ordinary conversation or in professional consultation express their views clearly, concisely and forcibly.

The trouble arises not from their inability to contribute to the permanent stock of the profession's knowledge, but rather their wrong conceptions of what is to be expected in such contributions. They suppose that their writings must either contain information not yet made known in print, or else embody the results of long and thorough research into its literature. Being debarred, by the inaccessibility of libraries or by the absorption of daily duties, from the reading which they deem necessary, they keep their thoughts to themselves and let other men, perhaps far less capable, occupy the attention of the medical public.

In reality this public demands abstruse disquisitions only from literary workers of small practice: and it is not by any means necessary that an important thought or fact should never be brought out anew before the attention of practitioners. Let the observer of experience and reflection but write down his thoughts or observations in a simple and straightforward manner and the profession will always be ready to give him attention.

Diseases vary in symptoms in different localities, and need in one place modification of treatment bestowed in other places. Diseases, too, change with the age of the world, and need new remedies as generations pass away. All diseases have not yet been defined and fully described. New diseases arise, and these need study and description. Old drugs are but incompletely understood. The text-book writers have frowned upon some old remedies which are of value and call for champions. Many valuable discoveries and combinations perish with the death of the discoverer. New remedies are still lying hid in the vegetable world awaiting honest research.

There rests therefore upon every thoughtful physician an obligation to put on permanent record some of the truths which have been revealed to him during his life-time of clinical observation.—*Md. Med. Jour.*

IMPORTANCE OF BACTERIA.

"W emust not think too hardly of bacteria," says Dr· H. W. Conn, of Middletown Wesleyan University. "It is true that they are the causes of evil, that they produce disease; but it is also true that they do good. They are our enemies, but they are also our closest allies. It is true that without them we could not have our small-pox nor our yellow fever, we could not have our diphtheria nor our scarlet fever, neither should we have any of the epidemics. But when we remember that it is through the agency of these organisms that we bake the loaf of bread that comes to our table; that the immense brewing industries connected with the manufacture of alcoholic liquors are possible; that without them we could not get our vinegar or our lactic acid; that without them we could not make our ensilage; that these bacteria give the butter-maker the aroma of his butter; that it is the decomposition products of the bacteria that be used over and over again for the support of life; and, lastly, that it is only through their agency that plants were originally enabled to get hold of nitrogen at all, and that we may hope for a continuance of a supply of nitrogen to the soil—we will recognize that the power of bacteria for good far outweighs their power for evil."

Jinks (examining his prescription)—These doctors are awfully fond of Latin, aren't they?

Filkins—Yes; It's a dead language, you know.

Where he came in.—Stranger: This is a dead town.

Editor—Yes.

Stranger—How do you manage to make a living out of it?

Editor—I'm coroner.

OBITUARY.

Died at his home, 277 Clinton avenue, Newark, N. J., Dr. John F. Dunker, Age, 8, 3.

Died at her home in Galesburg, Ill., August 16, 1892, Mrs. Rhoda Sperry Tait, wife of Prof. W. F. Tait, M.D.

Dr. John S. Dickson died at his home in Alleghany, Pa., Sunday, September 4th inst. He was 48 years of age and a graduate of Jefferson Medical College, Class 1868.

Dr. George Grove, one of the oldest and best known physicians in the Cumberland Valley, died at his home in Springfield, Pa., early last week. His death is attributed to an enfeebled condition arising from advanced years. Dr. Grove was eighty-two years old.

Dr. John J. Reese, the veteran toxicologist of the University of Pennsyivania, died at his home in that city on the 4th inst.; age 75. He was the author of a Manual of Toxicology, and edited the seventh edition of Taylor's Medical Jurisprudence.

Robert B. Folger, M.D., a well-known Masonic historian, died at his residence in Brooklyn, on the 13th inst., in the ninetieth year of his age. He was the oldest Scottish Rite Mason in the United States and perhaps in the world, having received the thirty-third degree in 1824. He practised medicine in New York for many years.

PERSONALS.

Dr. G. H. Scroggy is now practising Medicine at Nephi City Utah.

Dr. Arpad G. Gerster has resigned from the department of surgery, in the N. Y. Polyclinic.

Dr. Robt. M. Boyd of Springfield, Mo., has returned home after an extensive trip abroad.

Dr. E. W. Wilson, President of the Denver Medical College, Denver, Col., is on a visit to Atlanta, Ga.

Dr. L. McLain Tiffany, of Baltimore, has been appointed surgeon-in-chief of the B. & O. railway system.

Dr. Lewis A. Sayre gave a dinner to the members of the American Orthopoedic Association on Wednesday evening last.

Dr. Duncan McLeod has been appointed a member of the Detroit (Mich). board of Health Vice, Dr. E. A. Chapoton resigned.

Dr. Blyden, the Liberian Minister to England, is a fine, tall, dignified negro, who has the education and manners of a gentleman and the political knowledge of a parliamentarian.

REMOVALS.

Dr. John F. Russell has moved to 21 W. 11th st. this city.

Dr. F. A. Swain has removed from Pine City, Wash. to Rosalia, Wash.

TRANSPLANTATION OF AN EYELID.

The following curious case is reported by Douthwaite (*China Med. Miss Jour.*, June, 1892): A Corean official had lost part of the lower eyelid, and prevailed upon a slave, for a consideration, to furnish his own eyelid for transplantation. Both men were chloroformed and the margin of the official's eyelid was prepared first by scraping and then making a deep slit along its whole length. The lower lid of the slave was then seized and its margin slit off in a wedge-like piece, which was quickly inserted into the slit prepared for it in the other eyelid and adjusted by means of fine sutures. It was then washed with a 1 to 1,000 bichloride solution and a pad of antiseptic lint was applied. On the second day the circulation was fully established in the transplanted tissue and the eyelid looked natural. On the third day everything was doing as well as could be desired, but that night while half asleep, his eye feeling somewhat uncomfortable, the patient gave it a vigorous rubbing with his hand, which completely ruined the work that had been done. The writer believes that with the observation of greater care the operation would probably have proved successful.

GUM-LANCING.

Dr. Wood is convinced that gum-lancing is a highly important method of treating various conditions in childhood. He has seen convulsions, restlessness, disordered stomach, fever, and many functional disturbances immediately cured by this means, after various other measures had failed. Since amaurosis and many other conditions in the adult are well known results of the trigeminal irritation from faulty teeth, it is only natural to expect more frequent and more severe troubles from the same variety of irritation in the child. The benefit is not to be attributed to the local extraction of blood, or to the relief afforded the inflamed gum, but to the removal of the backward pressure upon an extraordinarily sensitive and congested nerve-pulp. It is esseutial that the operation be thorough, and the dense tissues which bind down the teeth be completely divided.—*University Medical Magazine.*

COMPOUND DEPRESSED FRACTURE OF THE SKULL.

With Very Extensive Laceration of the Brain and Hæmorrhage from the Superior Longitudinal Sinus.

By Dr. Bensel. Patient, thirty-eight years of age, was struck on the forehead with a heavy beer glass. Lost consciousness for a few moments only, then recovered sufficiently to walk. Was transferred to hospital. On admission was perfectly conscious, but very nervous and irritable. Pulse slow and full; pupils dilated; skin warm and dry; respiration normal. Extenive sub-conjunctival hæmorrhage, so that patient could with difficulty close the eyelids. A wound, two inches long, extended transversely across the middle of the forehead immediately above the supraciliary ridges, with extensive depressed fracture. Patient refused consent to operation until next evening, when sub-conjunctival hæmorrhage had become so great that it was impossible for him to close his eyelids over the protruding eyeballs. The depressed portion of bone was found to be almost completely detached from the surrounding bone, and depressed for about half an inch, tearing the meninges very extensively. The removal of the detached bone was followed by a tremendous hæmorrhage from the superior longitudinal sinus. Author used the sliding catch of a Leagenbeck artery clamp as a lever to control the hæmorrhage. There was a laceration of the frontal lobe of the brain on the right an inch and one half deep, and one on the left nearly half an inch deep. Wound packed lightly with bichloride gauze; dressed and bandaged in the usual way. Patient made an incomplete recovery.—*New York Med. Jour.*, Jan. 16. 1891.

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It is earnestly requested that physicians sending their patients to us, will, whenever practicable, give written directions as to what is required, and such directions will be carefully heeded

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The Tonic of Tonics.

THE STANDARD FOR DELICACY AND EFFICACY.

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SEVEN REASONS FOR USING **WEINHAGEN'S MAGNIFYING NORMAL INDEX FEVER THERMOMETERS.**

1. They have a lens front, or magnified index. 2. They are self-registering. 3. They have an indestructible index. 4. They do not increase their readings with age. 5. They are very sensitive and accurate. 6. They are retested after being made. 7. They are furnished with a certificate of variation.

Our 301 B has a Jet Black Back, the degrees and numbers being white. Our 301 A is a White Thermometer with degrees and numbers black.

Our Thermometers have H. Weinhagen and Trade Mark engraved on the back.

Solid Silver Case, Chain and Pin, Price with 4 inch Thermometers, . . $2.50 each
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Hard Rubber Case without Chain, with 3½, 4 or 5 inch Thermometer, . $1.00 each

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Very respectfully,

Baltimore, Md., 8, November 1887. ORRAY T. SHERMAN.

The Doctors Weekly

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EVERY SATURDAY,

BY

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ANNOUNCEMENT.

EARLY in October, we will issue a large special edition of the WEEKLY containing photographs and biographies of many prominent physicians now residing in New York City, who were born in the Eastern States. This edition will be followed in rapid succession by similar editions devoted to physicians who came here from "The Southern States," "The Western States, etc," and also those of foreign birth. As about 25,000 copies of each edition will be printed, advertisers will find this an unusual opportunity for reaching the entire profession throughout the United States and Canada at small cost

GARDNER'S
SYRUP OF HYDRIODIC ACID.
HYDROGEN IODIDE.

This is the original Syrup of Hydriodic Acid, first brought to the attention of the medical profession by R. W. Gardner, the use of which has established the reputation of Hydriodic Acid as a remedy.

Since its first introduction in 1878, its great value in the treatment of disease, as demonstrated by the experience of the profession, and the extensive circulation of this experience by the present writer, has excited the cupidity of a large number of manufacturers, who are seeking to take advantage of the reputation which this article has obtained, and of the large outlay of time and money expended by the writer, in disseminating the experience of the profession in its use.

Various preparations, bearing the same name, are offered, and the writer's announcements are largely copied.

This only proves the value of the igina preparation, for a worthless article would scarcely be imitated.

The physician cannot be too careful to send his prescriptions to reliable parties only, and designate the manufacturer whose preparation he wishes the patient to use.

Hydriodic Acid should not be prescribed in combination with alkalies, metalic salts, or oxidizing agents, which latter would convert the Hydriodic into Iodic Acid, which possesses toxic properties.

In syphilitic diseases it may be combined with the bin-iodide of mercury, but if the prot-iodide is used, allowance must be made for its conversion into bin-iodide, which is a very much more active mercurial, and if not understood, might produce dangerous results.

Hydriodic Acid, probably, passes into the circulation without change, particularly if taken upon an empty stomach, and this is the proper time to exhibit the remedy, as no decomposition of the acid is apt to occur, owing to the absence of food products.

The proportionate arrangement of the elements constituting Hydriodic Acid is remarkable, the Acid being, in fact, almost wholly Iodine. The very small proportion of Hydrogen being the true equivalent, suffices to entirely remove the irritant quality from Iodine, by converting it into a nonirritant compound, from which, however, the full therapeutic action of Iodine is not only obtained, but in a marvellously effective and agreeable manner *

MEDICAL JOURNALISM IN ENGLAND.

There is a wide difference between the medical journals published in London and other cities of the British empire and those produced in this country. Dr. John Bull seems to hanker after a higher class of literature than that which usually finds its way into the hands of his American brother. This conclusion is reached after a careful perusal of a copy of the last issue of the *British Medical Journal* which doesn't contain an original or scientific article, but is devoted almost entirely to medical news and miscellany. It has only four pages of extracts from home and foreign exchanges and one short editorial which refers to the five years' college curriculum. The number before us contains altogether 178 pages, of which 116 pages are devoted to advertising! This leads us to conclude furthermore that Dr. Bull is exceedingly fond of reading advertisements.

PAN-AMERICAN MEDICAL CONGRESS.

The Committee on Organization of the Pan-American Medical Congress will issue the preliminary announcement of the Congress within a few weeks. This announcement will show that the organization has been perfected in almost every colony and country of the Western Hemisphere. The local medical societies in each of the constituent countries are made auxiliary to the Congress which will be held in Washington, D. C., September 5th, 6th, 7th, 8th, 1893.

Dr. Reed, of Cincinnati, Secretary-General of the Congress and Chairman of the Committee on Organization, announces that after extended correspondence between himself and Dr. Maragliano, of Genoa, General Secretary of the International Congress, the date of the Rome meeting has been finally and definitely set for September 24th, of next year. This gives an interval of sixteen days between the Washington and the Rome meetings, during which time an easy trip can be made from the former to the latter city. It is possible that a steamer may be chartered direct from New York to Rome.

EDITORIAL ITEMS.

SPECIAL CHOLERA editions of the *Times Register* and the *Brooklyn Medical Journal* were received last week. The enterprising spirit in both cases was commendable.

THE Rush monument fund now amounts to something over $2,000. Dr. Gihon, U. S. A., deserves much credit for the interest he has taken in the movement.

Weekly health report of New York City, week ending, September 10, 1892: Marriages reported, 284; births reported, 975; deaths reported, 731; still-births reported, 70.

DR. L. S. MCMURTRY, of Louisville, Ky., was unanimously elected President of the American Association of Obstebricians and Gynaecologists at St. Louis, Sept. 22nd. We congratulate the doctor and are sure the association could not have made a better elections.

DR. JNO. A. WYETH operated on a patient some ten days ago at Mt. Sinai Hospital for bowel obstruction and removed a mass or entanglement of lumbricoidal worms to the number of eighteen, some of which were seven inches long. The patient is doing well and we hope to print a full report of the case later on.

LA REVISTA MEDICO-QUIRURGICA is the name of a new journal to be issued soon by the J. Shepherd Clark Co., of this city and edited by Sam'l E. Milliken, M.D., and Pedro J. Salecrip, M.D., who are members of the New York County Medical Association. It will be the official organ of the forthcoming Pan-American Medical Congress and will circulate among the Spanish-speaking Physicians of Central and South America.

NEUTRALIZING CORDIAL. — This preparation is of eclectic origin, and the most commonly accepted formula for it is this: Digest at a gentle heat for six hours in ½ gallon brandy 2 ozs. rhubarb, and 1 oz. each of golden seal and cinnamon. Then transfer to a percolator, pass through ½ gallon brandy and sufficient water to make the percolate measure 1 gallon. To the percolate add 2 ozs. potassium carbonate, 4 lbs. sugar, and 20 minims oil of peppermint, previously rubbed up with a little sugar.

THE Cartwright prize of the alumni association of the college of physicians and surgeons of New York, amounting to five hundred dollars, will be awarded in June. 1893, for the best essay upon any subject connected with the science of medicine. An essay must contain the results of original investigation, and must be the work of a single author. Essays in competition must be sent to the Secretary, Dr. T. M. Cheeseman, 46 East Twenty-ninth street, New York, on or before April 1, 1893.

COLDEN'S
Liquid Beef Tonic.

Special Attention

of the Medical Profession is directed to this remarkable Curative Preparation, endorsed by THOUSANDS of the LEADING PHYSICIANS OF THE UNITED STATES, who are using it in their daily practice.

Colden's Liquid Beef Tonic

is invaluable in all forms of **WASTING DISEASE,** and in cases of **CONVALESCENCE FROM SEVERE ILLNESS.** It can also be depended upon with **Positive Certainty of Success** for the cure of **NERVOUS WEAKNESS, MALARIAL FEVER, INCIPIENT CONSUMPTION** and **GENERAL DEBILITY.**

Colden's Liquid Beef Tonic

Is a Reliable FOOD MEDICINE;

Rapidly finds its way into the circulation; **arrests Decomposition of the Vital Tissues,** and is **agreeable to the Most Delicate Stomach.** To the physician, it is of incalculable value, as it gives the patient **assurance** of return to **perfect health.**

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For Physicians' Use Only.

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Excludes the Poisonous and Convulsive Alkaloids, Thebaine, Narcotine and Papaverine.

SVAPNIA has been in steadily increasing use for over twenty years, and when used has given great satisfaction.

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SVAPNIA is made to conform to a uniform standard of Opium of Ten per cent. Morphia strength.

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SVAPNIA IS FOR SALE BY DRUGGISTS GENERALLY.

NEW AND OLD CURES FOR CONSUMPTION.

Many plausible theories of pathology and promising systems of cure arise from time to time to excite the hopes of those afflicted with that dread disease, consumption.

Within the past few years we have seen several such systems run their course of popular enthusiasm, professional encouragement, thorough test and ultimate failure. The best that any exclusively germicidal treatment can do, if beneficial at all, is to destroy the germs, or dislodge the germ-bearing tissues, and leave the patient in his original condition, modified by the destrutive lesions which have already taken place.

Even with the best of germicidal treatment, then, in pulmonary phthisis, the reconstructive measures will still be needed to aid in the process of repair. In fact, without them the patient would be left peculiarly pre disposed to immediate re-infection with the disease. It is, then, safe to predict that no method of treating pulmonary consumption will ever be devised, however radical in its nature, which will supersede the well-known hygienic and reconstructive measures.

The reason for this is plain to every thinking man. Even before the patient was infected at all, before any anatomical lesion existed in the tissues, at an unguarded time of lowered vitality, the germs of disease made a successful lodgment, and the destrutive process commenced.

Now, it is a well established fact that the chief of all reconstructive remedies it the combined hypophosphites of lime and soda—*and this very remedy has long been in successful use in the treatment of consumption.* It is of equal value as a prophylactic in those cases that are constitutionally predisposed to the disease, and as a curative agent in the incipiens and even somewhat advanced stages. It alone has proven to be more successful in curing pulmonary tuberculosis than the Koch method, and without any of its dangers and complications. It accomplishes its work gradually and insensibly replacing new tissues, cell by cell, for the broken-down, diseased tissues as they are removed in a true physiological process by the absorbent powers of the system. In this there is no sudden "reaction" or violent process, removing large and dangerous sloughs, leaving the patient prostrated by the shock, and the adjacent healthy tissue raw and exposed, liable to receive the disease germs anew, and to disseminate them throughout the system more rapidly than before.

So, then, whether any of the germicidal treatments be ultimtely successful in removing the cause of the disease or not, the hypophosphites of lime and soda will still be a necessity in the armamentarium against consumption. As a specific curative agent, it will outlive them all.

But it is of the utmost importance that you assure yourself of the chemical purity of the preparation of the Hypophosphite which you use, as it is peculiarly liable to deterioration unless properly prepared. The McArthur Hypophosphite Co., Boston, Mass., will send you valuable information upon the treatment of consumption, if you so request.*

CAUTION: McArthur's Syrup is never sold in bulk. If the Syrup effervesces or forms a precipitate you may be sure it is not McArthur's.

PRESCRIPTIONS.

CONSTIPATION.—

℞ Aloin, gr. ½.
Ext. bellad., gr. ⅛.
Ext. nux vomica, gr. ¼.
Papoid, gr. iss.

M. ft. pill No. 1. (Use no water to form mass. Keep in air tight vials.)

Dose, one pill once or twice a day.

PIL. QUININÆ ET FERRI.—

℞ Quininæ sulphatis, gr. xl.
Ferri sulphatis exsicc., gr. xx.
Ext. nucis vomicæ, gr. v.

Mix. Divide into 20 pills.

PIL. RHEI ET ALOES COMPOSITÆ.—"Rag's Pills."—

℞ Rhei pulv.,
Aloes,
Gentianæ pulv,,
Saponis pulv., aa gr. xx.

Mix. Divide into 20 pills.

PIL "SEGUR."—Segur's pills.—

℞ Aloes, gr. lx.
Ext. colocynth comp.,
Ext. hyoscyami, aa gr. xxx.
Ext nucis vomicæ, gr. xv.

Mix. Divide into 30 pills.

PIL. TONICÆ ALTERATIVÆ. (Char. Hosp.)—

℞ Picis liquidæ,
Iodoformi, aa gr. xij.
Ext. cannabis ind. gr. iv.

Mix. Divide into 12 pills.—*Dr. J. Blake White.*

PIL. TOWNSEND.—Townsend's Pills.

℞ Massæ hydrargyri,
Gambogiæ,
Ext. aloes.
Zingiberis pulv., aa gr. xxx.
Olei menthæ pip., *m* iv.
Tinct. aloes, q. s.

Mix. Divide into 24 pills.

PIL. TRIPLICES.—Triplex Pill.—

℞ Aloes,
Scammonii,
Massæ hydrargyri, aa gr. iv.
Olei tiglii, *m* ij
Olei cari, *m* x.
Tinct. aloes et myrrhæ, q. s.

Mix. Divide into 40 pills.—*Dr. John W. Francis.*

PRURITUS.—The following prescription comes from Allingham, and which he recommends very highly:

℞ Magnesia sulph., ℈ j.
Magnesia carb., gr. v.
Vini colchici, *m* v.
Syr. sennæ, ʒ j.
Tr. cardam. comp., ʒ ss.
Ext. inf. chiratæ ʒ j.

M. Sig. Twice daily.

The mineral waters will be found useful in many cases for the same purpose.

In speaking of the medicinal treatment of pruritus, I will say that there are a great many prescriptions highly recommended for its local treatment, but I must confess that I know of no specific; but much relief from the itching can be obtained from the use of the different remedies. A good lotion to apply after bathing the anus at night, and one which affords much relief, is composed of:

℞ Soda biboratis, ʒ ij.
Morphine hydrochlor., gr. xvij.
Acidi hydrocyanici dil., ʒ ss.
Glycerinæ, ʒ j.
Aqua ad q. s., ℥ viij.

M. Sig. Use as a lotion.

I have found the following glycerole to be both cooling and palliative. It is composed of:

℞ Pulv. alum, ʒ ij.
Hydrarg. chlo. mite, ʒ j.
Glycerine, ʒ iij,

M. Sig. Paint the affected parts with it every night.

The yellow wash and chloroform ointment I have found serviceable. One of the best formulas for the relief of the itching that I have ever used comes from Dr. Bulkley, of New York, and is composed of:

℞ Unguent picis, ʒ iij.
Unguent bellad., ʒ ij.
Tr. aconite rad., ʒ ss.
Zinci oxidi, ʒ j.
Unguent aqua ros., ʒ iij.

M. Sig. Apply night and morning.

PIL. "WALKER."—Walker's Pills.—

℞ Ext. nucis vomicæ,
Ext. Belladonnæ alc., aa gr. v.
Ferri sulphat. exsicc.,
Ext., aloes, aa gr. x.

Mix. Divide into 20 pills.—*Dr. H. F. Walker.*

THERAPEUTIC NOTES.

THE well known and extensively advertised nostrum, "BIG. G" is said to be an aqueous solution of borax and berberine.

HICCOUGH, it is said may sometimes be promply arrested by a liberal drinking of red pepper tea taken as hot as it can be borne.

SALICYLIC ACID, is said to be an effectual remedy for tape worm. It should be given in doses of eight grains every hour until forty grains have been taken, then follow with a full dose of castor oil.

A DRUG CLERK of La Clede, Mo., is suing a railroad for $5,000 damages, for having been put off a train because he couldn't find his ticket. What a fortune this sum will be, if he gets it. Beats $10 a week.

A NEW FEBRIFUGE has been introduced from Japan in the shape of the leaves of *Magnolia Stellata*, Maxim. These have a camphoraceous or cajuput-like odor, and said to be fairly beneficial in action, but as far as we are aware the drug has not come into the open market. —*Ch. & Dr.*

TO REPLACE TINCTURE OF IODINE. A good preparation, partly because it is more stable, and also because more convenient in many cases for application, is the following: Dissolve 1 part iodine in ether, add 20 parts ol. paraffine, and then allow the ether to evaporate·—*Notes on New Remedies.*

ECZEMA AND HAT-BANDS.— A medical man writes in the *British Medical Journal*, (*Pharm. Jour.*) that his attention has been drawn to some obstinate cases of local eczema occurring on the forehead of men. He attributes these to arsenic and other irritating substances which he finds are used in finishing the leather lining of hats·

THE FLOCCULENT PRECIPITATE IN FOWLER'S SOLUTION is due to silica, set free by the action of the alkaline liquor on the glass container, says Dr. W. Braeutigam, (*Pharm. Centralh*). The excess of alkali present in the German official solution has been previously criticised by Traub as being worse than useless.

CREOSOTE IN TRACHEOTOMY.—Dr. Soupault reports, in the *Rev. des Mal de l'Enfance*, September, 1891 favorably upon the internal use of creosote in full doses after tracheotomy, and attributes the excellent showing of four to six per cent. of recoveries to its use. The drug is also to be applied externally over the tube in a one to thirty solution in alcohol and glycerine.

HIGHLAND
MINERAL SPRING WATER
FROM
Lewiston, Me.

A Soft Natural Water entirely free from all organic impurities.

ANALYSIS.

Carbonate of Iron	1.100 grs.
Oxide of Iron	0.310 "
Chloride of Sodium	1.000 "
Sulphate of Soda and Potash	0.310 "
Carbonate of Soda and Potash	0.831 "
Carbonate of Magnesia	1.230 "
	4.781 grs

All of the above minerals and five of them in the exact form in which they are here given, are found in the human blood of which they form a most essential element. These constituents explain its great value in the prevention and cure of disease.

Natural Water with Natural Gas.
The Most Easily Digested of all Waters.

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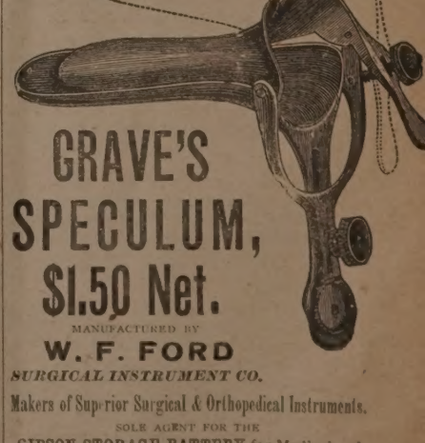

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DEFINITE CHEMICAL PRODUCTS.

LYSOL FOR CYSTITIS.—*The Coll. and Clin. Record* reports: For *Cystitis*, Prof. Parvin said (in his lecture) that in the Jefferson Hospital injections of Lysol, of the strength of one-half per cent., have been tried, and that they seem to give very good results, the patients bearing the injection better than injections of creolin of the same strength.

LYSOL IN THE TREATMENT OF AURAL AFFECTIONS.—Haug (*Journal de Medecine de Paris*, iv, 2, 1892. p. 13) recommends irrigation with a centesimal solution of lysol in the treatment of otorrhea. In cases of coexisting in flammation of the meatus and tympanic membrane, the irrigation is preceded by instillation of a few drops of a solution of forty-eight grains of cocaine hydrochlorate in a half ounce each of distilled water and alcohol. In case

CHLORALAMID.—Dr. E. Mansel Sympson (*Practitioner*, vol. xlvii, p. 274) presents the results of his experience. While praising paraldehyde, he believes sulfonal and chloralamid to be more convenient and agreeable to the patient. He recommends chloralamid for the insomnia and delirium of acute fevers, delirium tremens, nervous insomnia (dose 30 to 40 grains). Sulfonal is more powerful in mental disease, but chloralamid is better than paraldehyde in lung disease. It does not produce a necessity for larger doses, but a habit to go to sleep without it.—*Amer. Journal of Medical Sciences.*

PIPERAZIN.—Drs. Biesenthal and Albr. Schmidt, (*Berliner klinische Wochenschrift*, 1892, No. 2, p. 28) conclude from clinical observations that it is more valuable than any known remedy to dissolve uric acid and its concrements; being slightly absorbed from the stomach, it reaches the substance to be dissolved practically unchanged; it is best given in dilute solution—in soda water—15 grains daily. Its taste is not unpleasant; in proportions of 1 to 500 parts of soda water it is not detected. It does not irritate mucous membranes. Its easy solubility permits subcutaneous injection into tophi. A 1 or 2 per cent. solution in 1 part of spirit and 4 of water, used as a Priessnitz's compress, is valuable for gouty swellings. It acts not only upon uric acid, but also upon phosphatic and oxalic acid calculi. —*Am. Journ. Med. Sci.*

Write for Descriptive Pamphlets on Chloralamid, Phenocoll, Piperazine, Thiol, Lysol, Creasote, etc., to the Sole Agents for America, Lehn & Fink, 128 William Street, New York. *

HOW TO RAISE SYPHILITIC INFANTS.

Dr. Nicolle (*L'Union Medicale*, February 2, 1892), in his work on the nursery of the hospital of the *Infants Assistes* recommends that an infant with hereditary syphilis should

1. Be nursed by its mother, or if this is not possible by a nurse who is syphilitic.

2. If neither mother nor nurse can be secured that it is well to let the infant take the milk direct from the teat of an ass, but only for the first few months.

3. This must be replaced later on by cow's milk. The arrest of development in the infant indicates the time when this change should be made.

4. In the impossibility of securing ass's milk we must resort to diluted cow's milk, sweetened and boiled. It is always a defective alimentation.

5. Whatever food is adopted it must be continued much longer than in the case of a healthy child. It seems to the author there would be an advantage in giving goat's milk taken from the udder of the animal from the age of six or eight months up to sixteen months longer.

6. Treatment by Van Swieten's fluid from fifteen to fifty drops per day according to the age, strength intensity of the manifestations, etc., is advised. Occasionally the dose may be increased but should never exceed five grains.

7. Most minute attention should be paid to hygienic measures, baths, change of air, etc.

THEY ARE NOT IN IT.

Wealth is not one of the results of the practice of medicine. The *Post-Graduate* says that a recent and interesting feature in one of the daily newspapers of New York, was a list of the millionaires of the country. A friend who looked over it with care, says that he did not find the name of one practising doctor in the list, while many lawyers figured there. The names of clergymen and physicians were conspicuous by their absence. Much as is said by some rich and well-to-do persons and witty journalists, about the enormous fees received by consulting surgeons, physicians and specialists, these fees in reality do not at all compare with those obtained by lawyers of like reputation and rank. A successful man in medicine, whether eminent or not, may only expect a very good living, such as is obtained by the well-to-do people of his vicinity, together with the ability to leave a moderate resource for his family. But in order to accomplish this, the doctor must not die in early middle life. A man who does not live to be fifty-five or sixty years of age, and depends alone upon his practice for an income, does not ordinarily leave anything for his family. It is a fact that physicians' fees, however high they may seem to a jury of day laborers or clerks, are usually very low, when the time and money spent in acquiring an education and skill, and what is otherwise involved, are considered.

INTRA-UTERINE INJECTIONS.

Tarnier (*Jour. des Sages Femmes*) has determined never to employ sublimate lotions for intra-uterine injections. Eighteen cases of death, after sublimate injections, in childbed have been recorded; in sixteen of these cases the injections were thrown into the uterus, in two only into the vagina. Death may be due to some severe reflex stimulus, or to direct poisoning through entrance of the injected fluid into the uterine veins. From experiments, it seems that permanganate of potassium, microcidine, iodine, and salicylic acid are innocuous. Sublimate is liable to involve dangers some time after its injection. Of substances which may cause syncope or immediate death when injected, carbolic acid holds first place. Biniodide of mercury is also very dangerous, and the perils of perchloride of iron are well known. Tarnier reminds the obstetrician that perfectly innocuous solutions, or even plain water, have caused death when injected into the veins. Any kind of injecting apparatus may prove dangerous if the obstetrician or nurse neglect to drive the air out of the tube, or uses too great propelling force. When gravitation is the agent, the receptacle for the fluid should not be placed more than fifteen inches above the level of the patient's pelvis.—*Archives of Gynecology.*

SOAP A MEDICINE.—A Massachusetts judge has just decided that soap is a medicine and that the selling of it is not restricted by Sunday legislation. (*N. E. Drug.*) His line of reasoning is that under certain circumstances a cake of soap may be regarded strictly as medicinal, and, also, that cleanliness is next to godliness. Therefore, to fine a man for selling soap on Sunday would be to make him pay a penalty for performing an act of godliness. It was not long ago that the courts of Vermont decided that tobacco was a drink within the meaning of the law forbidding the "treating" of juices. Such elasticity is capable of some surprising results.

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NOTE RELATIVE TO THE BUFFALO LITHIA WATER.

BY WILLIAM A. HAMMOND M.D.

There is a point in relation to the therapeutical efficacy of the Buffalo Lithia Water which has not yet, I think, received sufficient attention. It is well know that many cases of diseases of the nervous system are complicated with lithaemia, and that unless this condition is removed a cure is very often retarded and not infrequently entirely prevented. It is quite commonly the case that in cerebral congestion producing insomnia, nervous prostration resulting from overmental work or much emotional disturbance, and in epilepsy (to say nothing of many cases of insanity) an excess of uric acid in the blood is often observed. This state appears to be altogether independent of the character of the food, for no matter how careful the physician may be in regard to the diet of his patient the lithaemic condition continues. I have tried to overcome this persistence by the use of phosphate of ammonia and other so-called solvents foruric acid, but without notable effect.

Several years ago, however, I began to treat such cases with Buffalo Lithia Water with a result that was as astonishing to me as it was beneficial to the patient, so that now in all cases of nervous diseases under my charge in which there is an excess of uric acid in the blood, I use the Buffalo Lithia Water in large quantities. By this I mean that I do not have the patient drink merely a tumbler or two in the course of the day, but that I flood him, so to speak, with the water, making him drink a gallon or even more, in the 24 hours. By this course the urine after a few days ceases to deposit uric acid crystals on standing, the morbid irritability of the patient disappears, the tongue becomes clean, the wandering pains in the head are abolished, and the system is rendered much more amenable to the special treatment which may be necessary for the cure of the disease from which the patient suffers.

I have tried carbonate of lithia dissolvedin water in various proportions, but it certainly does not, in cases to which I refer, have the same effect as Buffalo Lithia Water.

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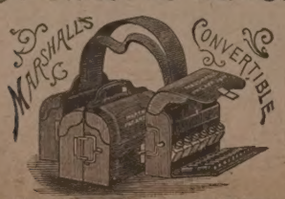

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THE TREATMENT OF HEART-FAILURE FROM CHLOROFORM.

(Die Methode der Wiederbelebung bei Herztod nach Chloroformeinathmung: *Berliner klin. Wochenschrift*, 1892, page 265). Maass describes a method in use in the clinic at Göttingen by which the heart can be made to resume its action after apparently fatal paralysis from chloroform. The method consists in rapid impulses given to the region of the heart by the hand of the surgeon. The latter stands on the patient's left side and lays his right hand on the left side of the chest, so that the ball of the thumb lies half-way between the apex-beat and the sternum, while his left hand applied to the right side of the chest steadies it, and then makes rapid compressing motions with the right hand, as many as one hundred and twenty to the minute. Maas relates two cases in which the patients were revived by this method perseveringly applied for half an hour or more, although they were apparently hopelessly lost, for whenever the compression was interrupted the heart-contractions ceased. The respiration, however, continued spontaneously, although very shallow in character. — *International Medical Magazine.*

IN an iteresting paper read before the New York Clinical Society by Dr. Beverly Robinson, on "Disorders of the ears in Typhoid Fever," (*Med. Recora*) we find the following conclusion:

I would add, that, so far as I know, the aural complications of typhoid fever have never been thoroughly studied by anyone competent to observe and record these cases. By this statement, I merely mean that the general practitioner, into whose charge the patient naturally comes, does not use special instruments and is deficient in special knowledge of aural conditions when disease exists. The specialist only occasionally sees such cases when they are particularly severe, and does not follow them from day to day, as is essential to note what changes frequently occur, and what treatment is most efficient as these changes arise. Later, when the aural disease remains in the convalescent period of the fever, great damage has already taken place, and the hearing is much and permanently impaired.

NEWS AND MISCELLANY.

DR. H. H. BRADFORD has opened a private Sanitarian at Mt. Vernon, Mo.,

MR. W. T. KEENER, the well-known Chicago Bookseller has made an assignment. Cause, crediting too many M.D's.

A HOMEOEPATHIC physician has been appointed surgeon-general of Illinois to succeed General Matthews, deceased.

DR. JNO. RIDLON, of Chicago, has invented a plaster-knife for cutting plaster corsets. It is very much like the ordinaay pruning knife.

THE first Mexican Medical Congress will convene in the city of Mexico on December 9, 1892, and continue in session five days.

THE medical society of the Missouri Valley held its annual session at Council Bluffs, Iowa, on the 15th inst.

AN army medical board will convene in this city some time in October for the purpose of examining applicants for appointment to the medical corps of the army.

ALL medical students in the United Kingdom of Great Britain who matriculate on and after the first of October next will be required to pursue a five years course of study.

THE Mayor of Effingham, Ill., who is a physician, has had an ordinance passed by the city council there absolutely prohibiting the practice of medicine in that city by itinerant physicians.

THE MEDICINAL VALUE OF A TRIED AMERICAN REMEDY.

Among the few modern synthetic chemicals, which may justly be termed true derivatives of the coal-tar series, antikamnia is intensifying its hold upon the confidence of the profession, so that now, as the statistics will show, it is prescribed in excess of any of the preparations of this class.

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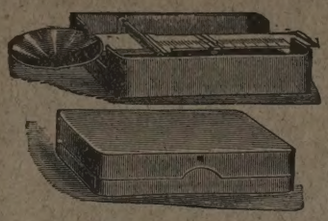

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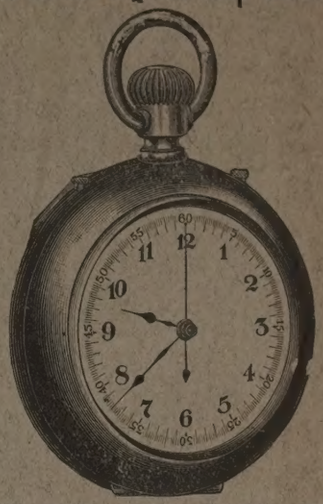

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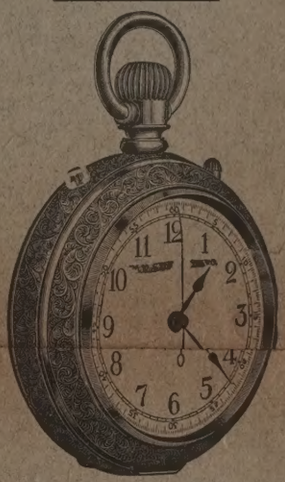

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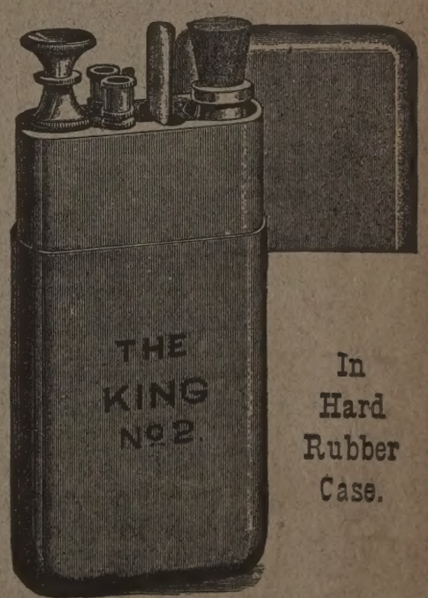

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